

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-B-03

SUBJECT: KITCHEN SANITATION AND FOOD HANDLERS

POLICY: DOC food service programs will maintain kitchen, dining, and food storage areas in a clean and sanitary condition. Food handlers will follow hygienic practices.

REFERENCE: NCCHC Standard P-B-03
OAR 291-061-000 through 291-061-310
HSD P&P P-B-02, Environmental Health and Safety

PROCEDURE:

A. Kitchen Sanitation

1. The Food Services Manager at each correctional facility is responsible for following guidelines as outlined by the Oregon Department of Corrections Administrative Rule concerning food sanitation and food service workers.
2. The Food Services Program will conduct weekly sanitation inspections of all food service areas and equipment. These inspections will include but are not limited to assure that:
 - a. Areas are free of rodents and insects.
 - b. Floors, walls, and ceilings, as well as ducts, pipes, and equipment are in good repair and free of particles.
 - c. Traps and drains are free of standing water and debris.
 - d. The temperature gauges on dishwashing equipment, freezers and refrigerators show temperatures in accordance with public health requirements.
 - e. Cooking and baking equipment, utensils and food trays are washed, rinsed and sanitized properly.
 - f. Raw and prepared food is stored off the floor in closed containers, labeled with contents and dated.
 - g. Staff and inmate worker bathrooms are in working order and have sinks, soap, paper supplies, and hand-washing signs.

Kitchen Sanitation and Food Handlers

3. The Food Services Program will request an annual inspection by the Oregon Health Division, State Fire Marshall, and/or OSHA for safety and sanitation practices.
4. A sample tray of food from each meal will be kept refrigerated for 24 hours in the advent that there is question of a food borne illness.

B. Food Service Assignment

1. At the time of the annual TB screenings, inmates will be screened by Health Services staff for food service assignment using the Food Service Screening Form (attached). Continued food services assignments will be reviewed annually at the time of yearly TB screening.
2. If a review indicates presence of a condition, which may limit food service assignment, the inmate is to be scheduled for a health evaluation. A licensed nurse shall review the health care record to identify whether the medical history or physical examination indicates any condition, which contraindicates food service assignment.
 - a. If the inmate is cleared for food service assignment, the Food Services Screening Form will be filed in the health care record and no further action is required.
 - b. If the inmate is not cleared for food services, complete the Food Services Screening Form as indicated and file in the health care record. The Health Status will be updated by selecting the "Specific Adjustments" field and entering a "1" by "No Food Services."
3. Upon being cleared for food handler work assignment, inmates will be monitored daily by the Food Services Manager, or designee, to be sure the inmates are clean, free of diarrhea, open sores or skin infections, and other illnesses transmissible by food or utensils. The Food Service Manager or designee will also monitor for hygienic practices and assure that hairnets/caps are worn when working with food.

Effective Date: _____

Revision date: May 2007

Supersedes P&P dated: February 2007

FOOD SERVICES SCREENING FORM
(SPANISH)

Nombre _____ SID# _____ Trabajo _____

La Fecha Medica Previa Del Espacio Libre _____

Durante Los Ultimos Seis Meses A Tenido Usted:

1. ¿Una tos que le ha durado mas de tres semanas? Sí___ No___
2. ¿La nariz agripada o congestionada por mas de tres semanas? Sí___ No___
3. ¿Dolor de garganta que le ha durado mas de tres semanas? Sí___ No___
4. ¿Llagas o ronchas en la piel que no se le han sanado bien o que parecen infectadas? Sí___ No___
5. ¿Diarrea por mas de tres semanas? Sí___ No___
6. ¿Pérdida de mas de 10 libras de peso ha estado cansada, o ha tenido fiebre que no puede explicar? Sí___ No___
7. ¿Su orine es de color anormal? Sí___ No___
8. ¿Le han quitado su empleo por algunos de estos problemas? Sí___ No___
9. ¿Se le han resuelto algunos de estos problemas se marcó que Sí? Sí___ No___

Firma _____
(Firma de prisionero) (Numero)

Medical Staff Review

Cleared for Food Services Assignment Yes___ No___

Signature of Medical Staff _____

Date (New Clearance Date) _____

Comments _____

Health Status of Inmate:

Name: _____
SID #: _____
DOB: _____